

UNITED STATES DISTRICT COURT, Western District of Tennessee

INTERPRETER'S VOUCHER & CLAIM FOR COMPENSATION & EXPENSES

TO: Clerk of the Court, TNWD

PAYEE Name, Address & Social Security Number:

I request payment for Interpreter Services performed before:

(Name & Title of Presiding Judicial Officer)

Person Requiring Service: ☐ Defendant ☐ Witness

SSN: _____ - _____ - _____

IN THE CASE OF:

Arrival: _____ @ _____ : _____ a.m./p.m.

United States of America vs. _____

Departure: _____ @ _____ : _____ a.m./p.m.

and vs. _____ and vs. _____

Case(s) No(s). : _____

ITEMIZATION OF SERVICES & COSTS (For Use by LOCAL Interpreters ONLY)

| <u>Date(s)</u> | <u>Number of</u> <u>1/2 Day(s)</u> <u>Full Day(s)</u> | <u>Daily</u> <u>Cost</u> + <u>Parking</u> + <u>Mileage</u> + <u>Overtime</u> | = | <u>TOTAL</u> <u>COST</u> |
|----------------|--|---|---|-----------------------------|
| ____/____/____ | _____ | \$ _____ \$ _____ \$ _____ \$ _____ | | \$ _____ |
| ____/____/____ | _____ | \$ _____ \$ _____ \$ _____ \$ _____ | | \$ _____ |

***** NOTE: OUT-OF-TOWN INTERPRETERS ARE TO SUBMIT A SEPARATE INVOICE *****

The following information is provided in support of the above-services:

LANGUAGE: _____ Interpreter is/has been: ☐ AO Certified ☐ Professionally Qualified
☐ Language Skilled / Non-Certified
Type of Interpretation: ☐ Under National Contract ☐ Fingerprinted

☐ Simultaneous ☐ Consecutive ☐ Summary

Type of Proceeding: ☐ Trial ☐ Other: _____

CERTIFICATION: I certify under penalty of perjury that the foregoing is true and correct.

By: _____ Date: _____ / _____, 20____
(Signature of Interpreter)

CERTIFICATION OF ATTENDANCE: (by Case Manager to Presiding Judicial Officer or Designated Authority)

By: _____ (Signature of Certifying Official) _____ (Print Name) _____ (Title)

Date: _____ / _____, 20____

APPROVED FOR PAYMENT: ☐ See Attached Invoice / Order
☐ Charge to U.S. Probation TOTAL AMOUNT: \$ _____

By: _____ (Director of Courtroom Services) Date: _____ / _____, 20____